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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY  
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INDEXED

IN REPLY REFER TO

AGAM-P (M) (20 Feb 67) FOR OT 660397

23 February 1967

SUBJECT: Operational Report - Lessons Learned, HQ, 7th Surgical Hospital  
(Mobile Army)

TO: SEE DISTRIBUTION

1. Forwarded as inclosure is Operational Report - Lessons Learned, Headquarters, 7th Surgical Hospital (Mobile Army) for Quarterly Period Ending 31 October 1966. Information contained in this report should be reviewed and evaluated by CDC in accordance with paragraph 6f of AR 1-19 and by CONARC in accordance with paragraph 6c and d of AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to the Commandants of the Service Schools to insure appropriate benefits in the future from lessons learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

*C. A. Stanfield*  
C. A. STANFIEL  
Colonel, AGC

Acting The Adjutant General

1 Incl  
a/s

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DEPARTMENT OF THE ARMY  
HEADQUARTERS 7TH SURGICAL HOSPITAL (MOBILE ARMY)  
APO US FORCES 96353

AVCA MR-GD-SB

1 November 1966

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966

SECTION I

SIGNIFICANT ORGANIZATION OR UNIT ACTIVITIES.

The 7th Surgical Hospital (MA) became operational 1 August 1966 at Cu Chi, Republic of Vietnam, the base camp of the 25th Infantry Division.

Initially we set up in the 25th Medical Battalion's area utilizing their facilities. We had a 2-table, air-conditioned operating room and two 15-bed wards in tropicalized quonsets. On 8 August 1966 we became operational at the present hospital site.

Construction of the hospital was performed by Company B, 588th Engineer Battalion. The hospital consists of five quonset hut type buildings. Surgery and centralized material are housed in a 20' x 144' quonset. Pre-op, x-ray, lab, and A&D are in a 20' x 96' quonset. Post-op ward and holding ward are each housed in a 20' x 96' quonset. Surgery, pre-op, and post-op buildings are air-conditioned. Medical supply and hospital headquarters share a 20' x 96' quonset. Personnel are billeted in GP large tent kits. The hospital mess is housed in a brick, screen, and wood tropicalized building and is considered to be one of the best in this area.

Conex containers are utilized for property exchange, pharmacy, arms room, ammunition storage, mail room, and storage for other supplies and equipment.

Personnel from the 7th Surgical Hospital assisted the engineers with much of the construction and built numerous projects on their own under the self-help program to include projects such as walk ways, partitioning inside buildings, shelving, and etc.

Bunkers were built and all of the medical treatment areas were sand-bagged by hospital personnel assisted by Vietnamese National laborers hired by the 25th Infantry Division.

Soon after the 7th Surgical Hospital became operational on 1 August 1966, the first patient was admitted. The influx of patients has continued to remain strong and constant.

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SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966

During the month of August 1966, a total of 430 patients were seen, and of these, 205 were admitted to the hospital.

In September 1966, a total of 523 patients were seen of which 211 were admitted.

During October 1966, 233 patients were admitted from a total of 763 patients seen.

A total of 1716 patients were seen during the first 3 months of operations at the 7th Surgical Hospital with 639 of these being admitted.

During this quarter, the 7th Surgical Hospital made disposition of 592 patients, 281 being returned to duty. Of the hospitalized patients, 303 required more definitive treatment or had extended recovery periods, not within our capabilities. The vast majority of these transfer cases were sent to the 93rd Evacuation Hospital at Long Binh. Others were evacuated to the 3rd Field Hospital in Saigon, the 17th Field Hospital in Saigon, or directly to CONUS or offshore hospital via the 21st Casualty Flight at Tan Son Nhut, Vietnam. During this reporting period, 8 patients expired at this hospital.

As of 31 October 1966, there have been 251 major surgical procedures performed at the 7th Surgical Hospital: 36 laporatomies, 17 thoracomies, 15 amputations, and 25 arterial anastomoses were performed. A total of 779 minor surgical procedures were performed during this period.

During these three months, August, September, and October, 1966, the 7th Surgical Hospital has admitted or carded, for record only, a total of 444 patients wounded as a result of hostile action. Of these 112 were gun shot wounds. Most of the patients admitted for wounds received from hostile action were injured from grenade, mortar, and boobytrap fragmentations. There were 311 patients in this category. There were 61 patients who received punji stick wounds, fractures, or other type injuries. Of the wounded patients, 11 per cent were injured in the head or neck, 16 per cent in the chest, 16 per cent in the abdomen, and 57 per cent in the extremities.

A total of 6 Viet Cong detainees were admitted and evacuated during this three month period.

About 1800 hours on 10 September 1966, a friendly M79 round landed accidentally in the hospital area. Two patients were wounded but both recovered satisfactorily.

AVCA MB-GD-SB

1 November 1966

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966

## SECTION II

### Part 1

#### OBSERVATIONS (LESSONS LEARNED)

None.

## SECTION II

### Part 2

#### RECOMMENDATIONS

During the entire three month period, August through October, 1966, the 7th Surgical Hospital has been continuously involved in predominantly surgical patient care. A sufficient volume of patients has been seen representing the entire gamut of war wounds. I therefore believe that some valid and conclusive recommendations pertinent to a surgical hospital have been reached.

a. The TOE of the surgical hospital is grossly obsolete and inadequate for effective operation in Southeast Asia. Major transfusions of supplies and equipment, not TOE, by USARV have nearly brought us up to minimum standards acceptable in the United States, but nowhere near the capabilities of our affluent society. There is a real need for a complete and exhaustive review of the TOE at DA level by some of the officers who have actually served here with these units.

b. Experience has proven to me that the professional complement must be well trained in their specialties. In most cases the prefix D is no better than a J100 and can be dangerous through overconfidence plus inexperience. I mention awarding of the D prefix, after 3 to 4 months OJT, only in condemnation and strongly feel that this expedient should be stopped.

c. The widespread use of the helicopter for medical evacuation has enabled the patient to be brought to the medical facility, and not vice versa. There is no longer a requirement for a mobile surgical hospital as we are presently constituted. There is a definite requirement for a fixed hospital either surgical or evacuation, depending upon the anticipated patient load.

d. I feel that the presence of a division clearing company in the vicinity of a surgical hospital is wasteful, confusing, and even deleterious to proper patient care. We have experienced this very thing now at Cu Chi. Where the need for additional holding space is anticipated, the attachment of a clearing company to a surgical hospital would be advantageous.



AVCA MB-GD-PO (1 Nov 66)

1st Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 October  
1965 (RCS CSFOR 65)

HEADQUARTERS, 68th Medical Group, APO 96491 7 November 1966

TO: Commanding Officer, 44th Medical Brigade, APO 96307

1. The 7th Surgical Hospital (Mobile Army) has been operational in RVN during the entire period covered by this report.

2. The location of this hospital is ideally situated in that it is near as possible to the tactical area of responsibility of the 25th Infantry Division (-).

3. The current site and facilities of the 7th Surgical Hospital will be occupied by the 12th Evacuation Hospital when the former is re-located. Additional facilities are now being constructed for the 12th Evacuation Hospital adjacent to the 7th Surgical Hospital.

4. The figure of 639 in the fourth paragraph on page 2, basic report, should read 649.

5. A definite recommendation showing category and number of personnel, and equipment required is needed rather than the general recommendation contained in subparagraph a under part 2, Section II. The CO, 7th Surgical Hospital will be informed to submit a recommended MTOE.

6. I concur in the recommendation contained in subparagraph b, para 2, Section II.

7. I do not concur (see sub-paragraph c, part 2, Section II) with the statement that "There is no longer a requirement for a mobile surgical hospital..." Even in RVN a surgical hospital is still susceptible to being moved in order to better support tactical operations. While there may not be a need for a fixed evacuation or surgical hospital, these type units have become "fixed" in RVN simply by providing buildings to replace tentage and adding air-conditioning. These improvements are required to provide better patient care in a tropical climate. Air-conditioning is medically justified for surgery and intensive-care wards. It reduces perspiration contamination, excludes dusts and insects, reduces heat load of malaria patients, etc.

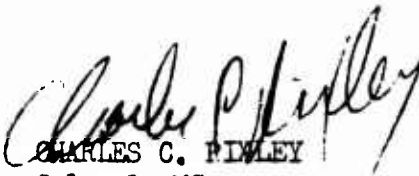
8. I do not agree with the statement (sub-paragraph d, part 2 Section II) regarding collocation of a division clearing company and a surgical hospital. Each has a definite mission and only those cases requiring resuscitative surgical procedures are sent direct or from a clearing station. Doctrine provides for ~~sitting~~ Surgical Hospitals adjacent to a clearing station.

AVCA MB-GD-PO (1 Nov 66)

1st Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 October  
1966 (RCS CSFOR 65)

1 Incl  
nc

  
CHARLES C. PINDLEY  
Colonel, MC  
Commanding

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1-CINCUSARPAC ATTN: GPOP-MH APO 96558

3-CG USARV ATTN: AVC-DH APO 96307

1-CO USASC Saigon, APO 96307

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AVCA-MB-PO (1 Nov 66)

2nd Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966  
(RCS CSFOR-65)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 27 November 1966

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-0, APO  
96307

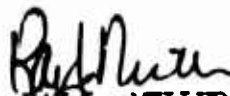
1. Reference Section II, Part 2, paragraph a., basic report. Concur in hospital commander's comment concerning obsolete TOEs, and with paragraph 5, 1st Indorsement, concerning definite recommendations being necessary from in-country medical unit commanders for TOE changes to assist the Office of The Surgeon General,

2. Reference Section II, Part 2, paragraph b., basic report, and paragraph 6, 1st Indorsement. Concur in recommendation of hospital commander. The awarding of prefix D should be closely controlled, and given only after adequate experience has been attained.

3. Reference Section II, Part 2, paragraph c, basic report, and paragraph 7, 1st Indorsement. Do not concur in recommendation made by hospital commander, as pertains to there no longer being a need for a surgical hospital, as constituted. Concur with comment in paragraph 7, 1st Indorsement, concerning this matter.

4. Reference Section II, Part 2, paragraph d, basic report, and paragraph 8, 1st Indorsement. Do not concur with the comment of the hospital commander. Concur with comment in paragraph 8, 1st Indorsement, concerning this matter.

5. Concur with all other comments contained in the basic report, and in the 1st Indorsement.

  
R. L. MILLER  
Colonel, MC  
Commanding

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AVCA GO-O (1 No. 66)

3d Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966  
(RCS CSFOR-65)

HEADQUARTERS, 1st Logistical Command, APO 96307

1 DEC 1966

TO: Deputy Commanding General, US Army Vietnam, ATTN: AVHGC-DH, APO 96307

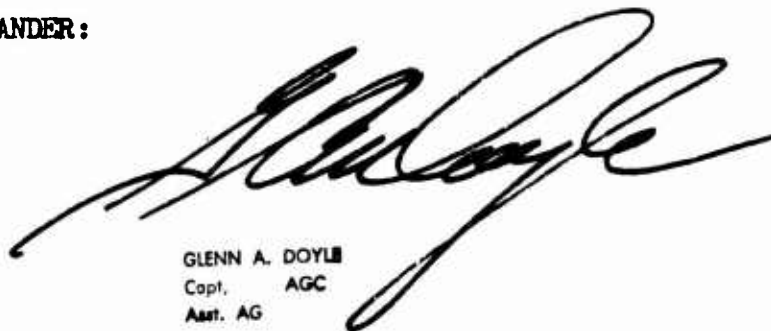
1. The Operational Report - Lessons Learned submitted by the 7th MASH for the quarter ending 31 October 1966 is forwarded herewith.

2. Concur with the basic report as modified by the comments contained in the preceding indorsements. The report is considered adequate.

FOR THE COMMANDER:

TEL: Lynx 782/930

1 Incl  
nc



GLENN A. DOYLE  
Capt. AGC  
Asst. AG

7

AVHGC-DH (1 Nov 66)

4th Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending  
31 October 1966 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 11 DEC 1966

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-OT  
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned from Headquarters, 7th Surgical Hospital (Mobile Army) for the period ending 31 October 1966.

2. Concur with the basic report and the previous indorsements.

FOR THE COMMANDER:



K. D. HAMILTON

Lt Col, AGC

Asst Adjutant General

1 Incl  
nc

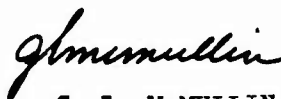
GPOP-OT(1 Nov 66) 5th Ind  
SUBJECT: Operational Report-Lessons Learned for the Period Ending  
31 October 1966 (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 27 JAN 1967

TO: Assistant Chief of Staff for Force Development, Department of the  
Army, Washington, D. C. 20310

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF;



G. L. McMULLIN  
CPT, AGC  
Asst AG

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CO, 7th Surgical Hospital		
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